

Joint Action Health Workforce
Planning and Forecasting

Critical identified items on HWF mobility

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Objectives

- 1. Share information on critical points**
- 2. Introduce some preliminary WP4 survey results and some examples**
- 3. Indicate complexity to support informed decisions on choices**
- 4. Inspire... To stimulate co-thinking and cooperation**
- 5. Setting up the scene and introduce mobility session**

Feasibility Study (Prometheus)

1 Data Availability

- *Lack of proper and shared definition of health professional mobility (FT, FN, FB)*
- *Difficulty to capture certain emerging types of mobility*
- *Difficulty to obtain time series data*
- *Lack of accurate outflow data*

2 Diversity in Magnitude and Direction of Mobility

3 Impacts on the Health Systems

PROMeTHEUS

(Volume2)

Chapter

Monitoring health professional mobility in Europe

Chapter

**Health professionals crossing the European Union's internal and external borders:
A typology of health professional mobility and migration**

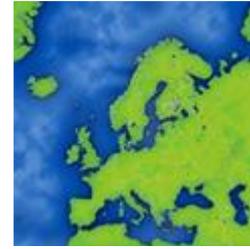


Mobility of professionals ECHI 65.



Rationale

- High on the European political agenda.
- Health professionals are key players
- occupational mobility should never be at the expense of quality and safety of care in any Member State.
- mobility of health professionals should be adequately addressed and evaluated, from a (public) health perspective.



Relevant policy areas

- Sustainable health systems
- Health inequalities (including accessibility of care)
- (Planning of) health care resources
- Health in All Policies (HiAP)

Mobility of professionals ECHI 65.



Definition

- To be developed, definition covering both inflow and outflow aspects, e.g.:
 - (1) The number and percentage of health care professionals emigrating
 - (2) The number and percentage of health care professionals immigrating



Key issues and problems

- For immigration professional registers can be used. These registers indicate that a professional is registered as such in that country. Using national registrations results in data that are far from comparable because registry data is collected differently in each country
- International comparisons of foreign-trained health professionals are more difficult and less straightforward than for foreign-born or foreign-national health professionals.
- ‘intention-to-leave’ proxy data

Ongoing relating relevant international initiative

Please note: next four slides are from Gaetan Lafortune, OECD

Guest slides from Gaetan Lafortune

OECD Health Division

March 2014

OECD Data Collection on international migration of health workers (doctors and nurses): Brief description

Gaetan Lafortune
OECD Health Division
March 2014

Aim of new OECD data collection on health workforce migration (2013-2014)

- Update data on international migration of foreign-trained doctors and nurses initially reported in a 2007 chapter of the OECD International Migration Outlook (and then pursued in OECD Health Data questionnaire up to 2009, before the launch of the Joint Questionnaire)
- Part of broader OECD project involving both OECD Migration Division and Health Division: includes also data collection on foreign-born doctors and nurses (based on national census or LFS around 2010/11)
- Work done in close collaboration with WHO-Headquarters: input to reporting process on the Global Code on the International Recruitment of Health Personnel

Gaetan Lafortune

OECD Health Division

March 2014

Scope and approach to data collection

- Seeking data on immigration in countries of destination (because of greater data availability and reliability than emigration data)
- Aggregation of immigration data from destination countries allows calculation of emigration rates by countries of origin
- Focus on foreign-trained (where first diploma was obtained), with foreign-born used as 'second best' option
- Focus primarily on 'stock', but data on annual flows also requested
- Include all possible countries of origin (full list of countries worldwide)
- Trends from 2000 to 2012
- Main data source: Professional registries or other sources (physician surveys)

Gaetan Lafortune
OECD Health Division

March 2014

Timeline

- November 2013 to January 2014: Data collection (sending the questionnaire and receiving the data)
- January 2014 to April 2014: Data validation and analysis
- May 2014: Preparation of first draft report on results from this data collection
- June 2014: First draft report presented to OECD Working Party on Migration and OECD Health Committee
- Summer 2014: Revision/finalisation of report

Gaetan Lafortune
OECD Health Division
March 2014

WP4 Survey

Some preliminary results based on the partners' answers
for questions in section2 on HWF Mobility issues

*(Please note, numbers at each item indicate how many answers were received for
the relating question, compared to the number of surveys we got back so far)*

WP4 Survey Section2 Mobility

2.A. Relevance of HWF mobility at national level

2.B. Definition(s), availability and contents of HWF mobility data at national level

Definition(s) of HWF mobility and indicator(s) on HWF in use

Professional categories for which you record HWF mobility: stock data, inflow and/or outflow data

Data sources of mobility data

Use/ plan to use mobility data

Contact with authorities of other countries

2.C. Validation, comparability of HWF mobility data, use of international data sources, recommendations

Validation mechanisms, comparability

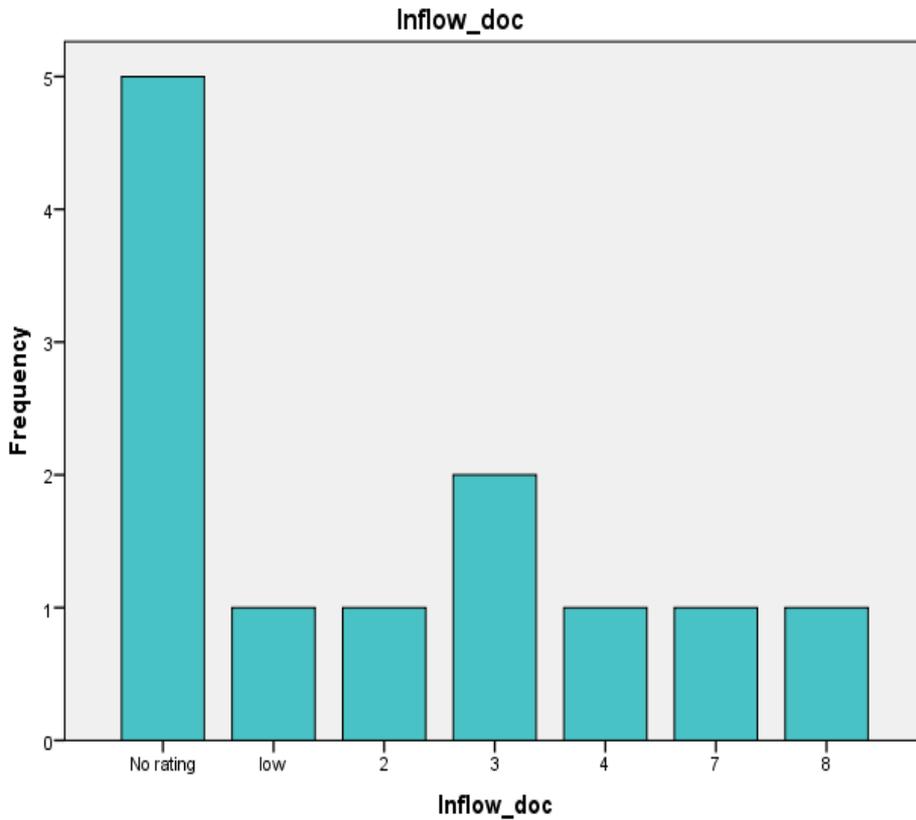
EU processes that are currently available to use

International HWF databases

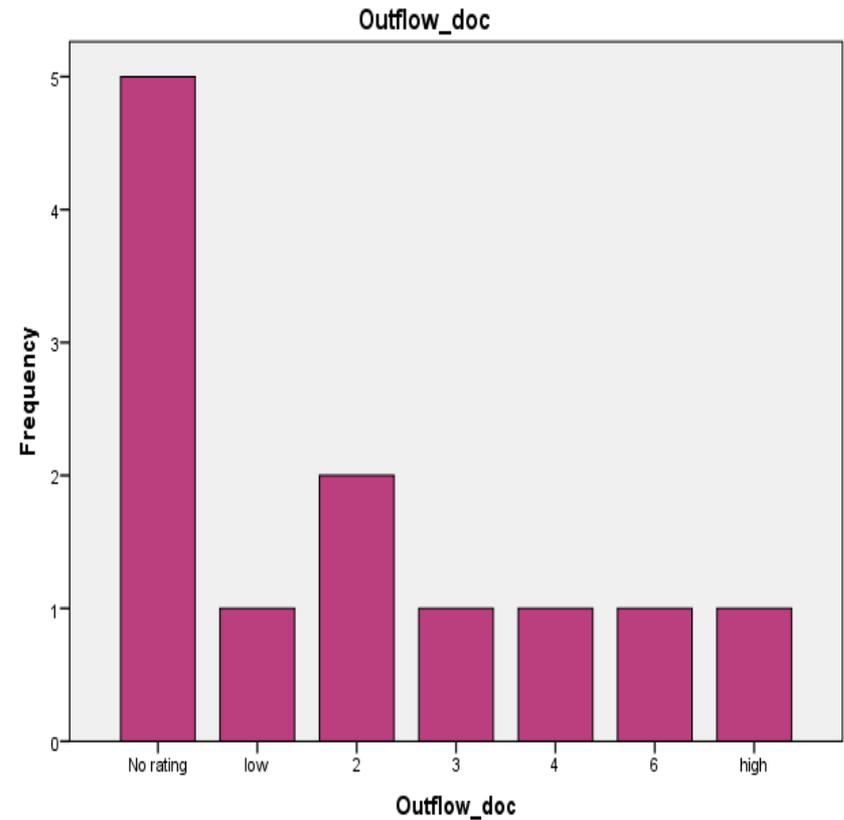
EU level actions relating to mobility support your work

Relevance

Inflow Doctors (7/12)



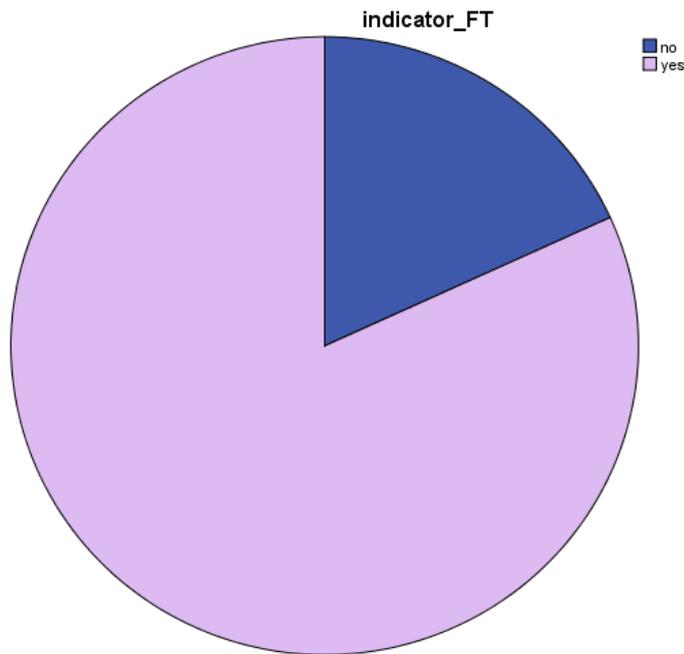
Outflow doctors (7/12)



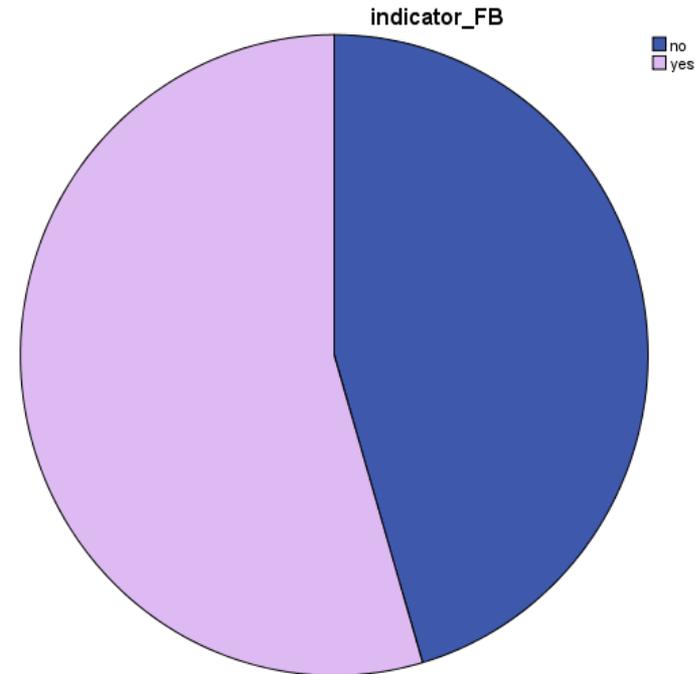
Indicators

Foreign Trained (11/15)

(Please note, the proportion is almost the same for the indicator Foreign Nationality)

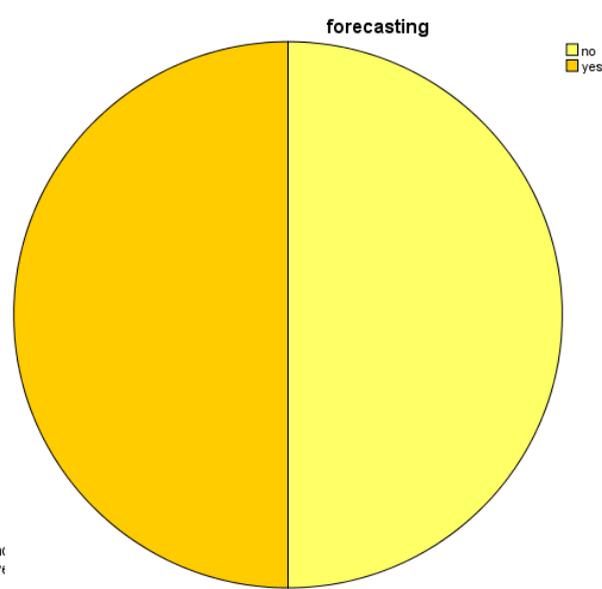
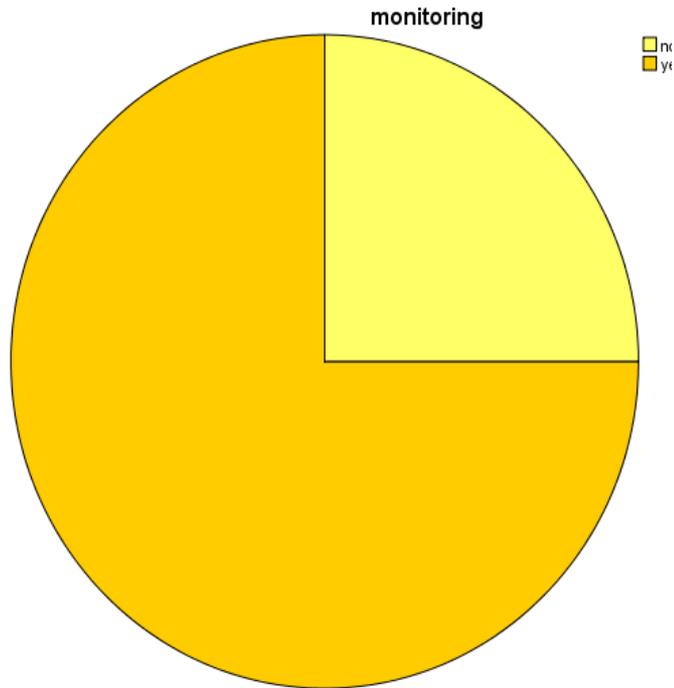


Foreign Born (11/15)



Use of mobility data

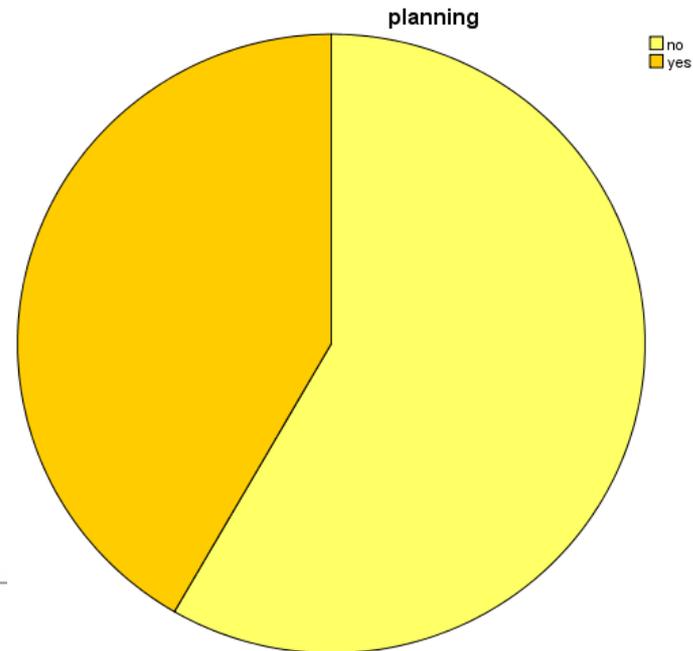
Monitoring (12/15)



Forecasting

(12/15)

Planning (12/15)

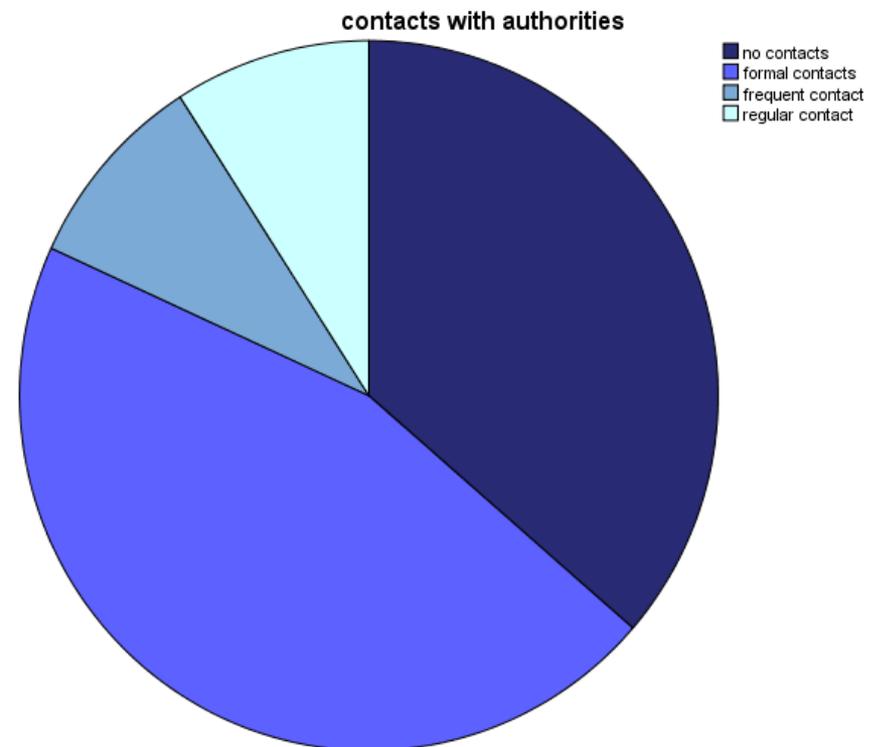


Contact with authorities of other countries (11/15)

Contact (no, formal, frequent, regular)

Explanation (BE)

- The designated authority maintains formal contacts with other authorities, but the goal of consultation is the information exchange in individual cases of diploma recognition (if needed), not the mobility follow-up.
- Contact through the International Market Information (IMI)
- 2 demands from other countries and 1 demand to other countries each week.



Recommendation (BE) (rare, but highly appreciated)

A system of **automatic** feedback for **each** health professional who becomes eligible to work (=practice in health care) in a given country from the authorities of the target country to the authorities of the **source country (country of training)** would be of a great value in the monitoring of mobility.

This would allow for the construction of a 'mobility map' for mobility in the EU and mobility from other non-EU countries*.

Example of Hungary: use of available data and research results on HWF mobility

Sources of information:

- Official public HWF data source in Hungary: *Office of Health Authorisation and Administrative Procedures of Ministry of Health = OHAAP*
- Research data from Resident Survey Research, *Semmelweis University Health Services Management Training Centre (SU HSMTC), Hungary (Girasek, Eke, Szócska)*

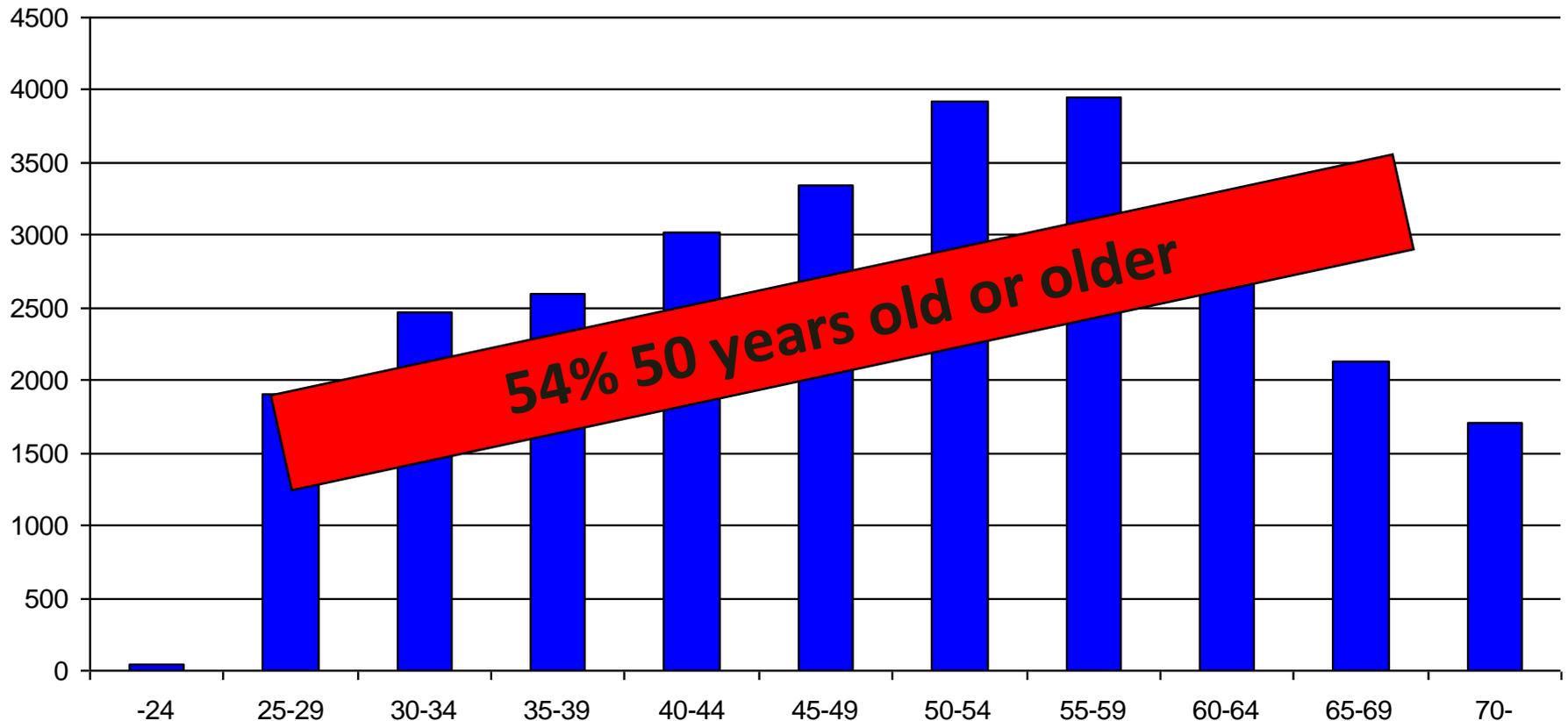
Age distribution of medical doctors, who applied for diploma certification, which is needed to work abroad – Hungary

(Office of Health Authorisation and Administrative Procedures of Ministry of Health = OHAAP)

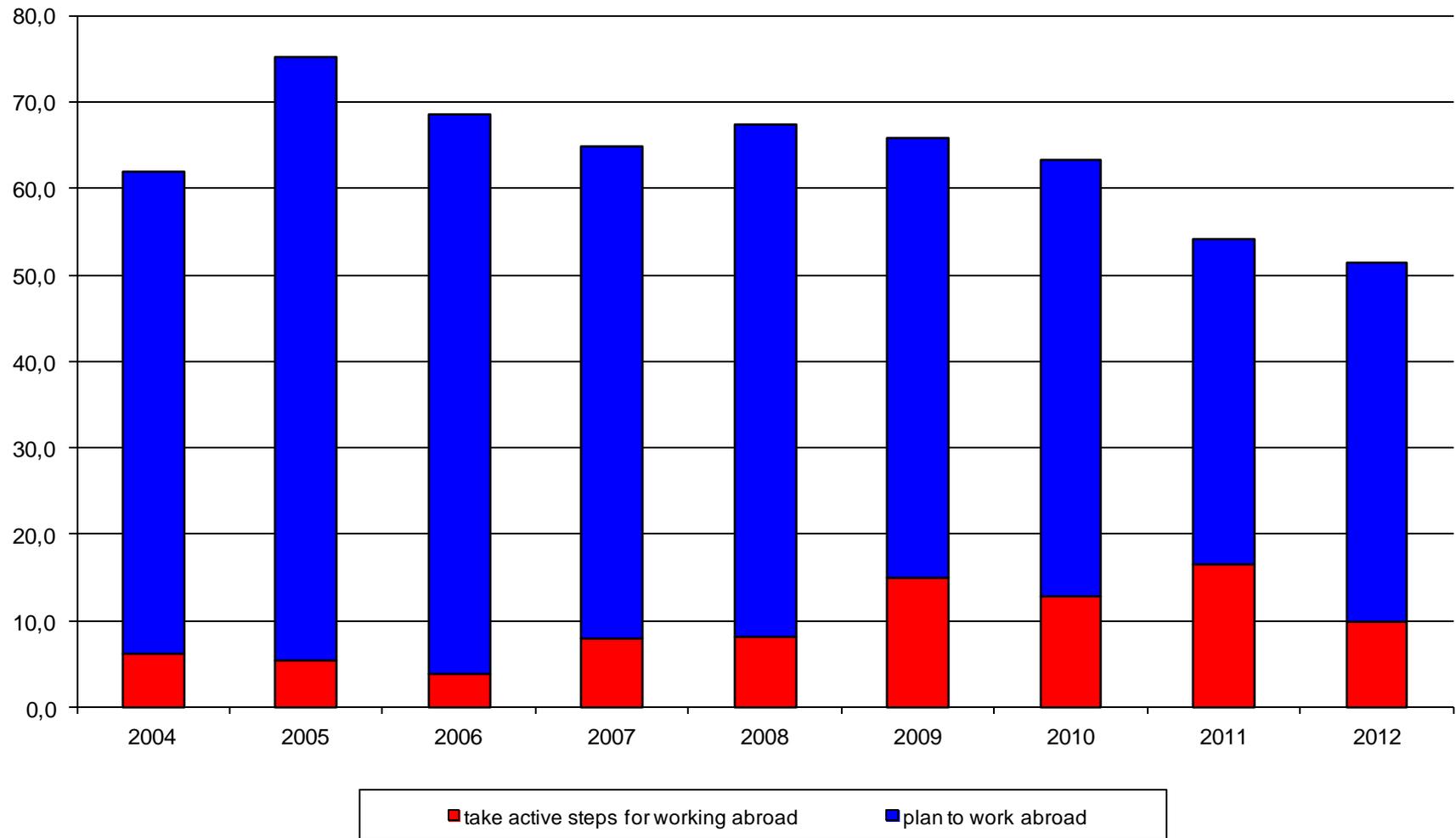
| age distribution | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|------------------|------------|------------|------------|------------|------------|------------|-------------|-------------|
| 20-29 | 52 | 80 | 77 | 92 | 121 | 155 | 364 | 413 |
| 30-39 | 243 | 263 | 228 | 229 | 312 | 360 | 431 | 466 |
| 40-49 | 149 | 171 | 153 | 172 | 182 | 245 | 212 | 200 |
| 50-59 | 53 | 81 | 53 | 84 | 89 | 111 | 91 | 109 |
| 60-69 | 7 | 9 | 9 | 13 | 26 | 16 | 13 | 12 |
| Total | 504 | 604 | 520 | 590 | 730 | 887 | 1111 | 1200 |

Age distribution of medical doctors (Hungary)

(2011., Office of Health Authorisation and Administrative Procedures of Ministry of Health = OHAAP)



Migration potential (Resident Survey, SU HSMTC, Hungary)



Top specialities – outflow

(Office of Health Authorisation and Administrative Procedures of Ministry of Health = OHAAP)

Top specialities *(first 5-7, in decreasing order)*

(Office of Health Authorisation and Administrative Procedures of Ministry of Health = OHAAP)

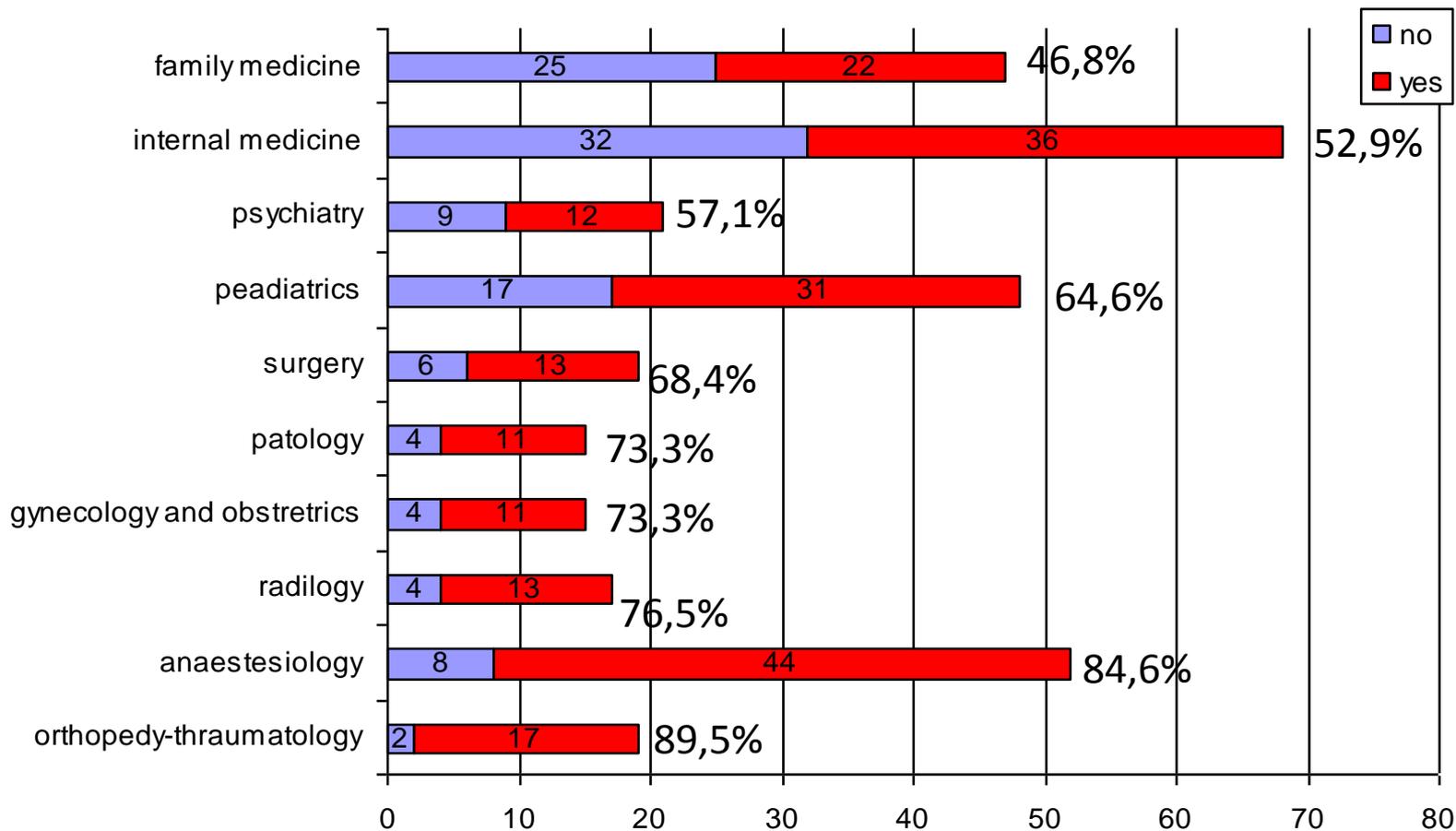
- 2006 anaesthesiology and intensive therapy, family medicine, radiology, surgery, psychiatry
- 2007 radiology, anaesthesiology and intensive therapy, orthopedy and traumatology, internal medicine, family medicine
- 2008 general practitioner, anaesthesiology and intensive therapy, internal medicine, radiology, surgery, orthopedy and traumatology
- 2009 anaesthesiology and intensive therapy, general practitioner, gynecologist and obstetrics, internal medicine
- 2010 internal medicine, anaesthesiology and intensive therapy, paediatrics, family medicine, gynecologist and obstetrics, surgery
- 2011 internal medicine, family medicine, surgery, anaesthesiology and intensive therapy, orthopedy and traumatology
- 2012 internal medicine, anaesthesiology and intensive therapy, family medicine, surgery, paediatrics

The proportion of medical doctors without specialisation is approx. 50%.

Migration potential by specialities

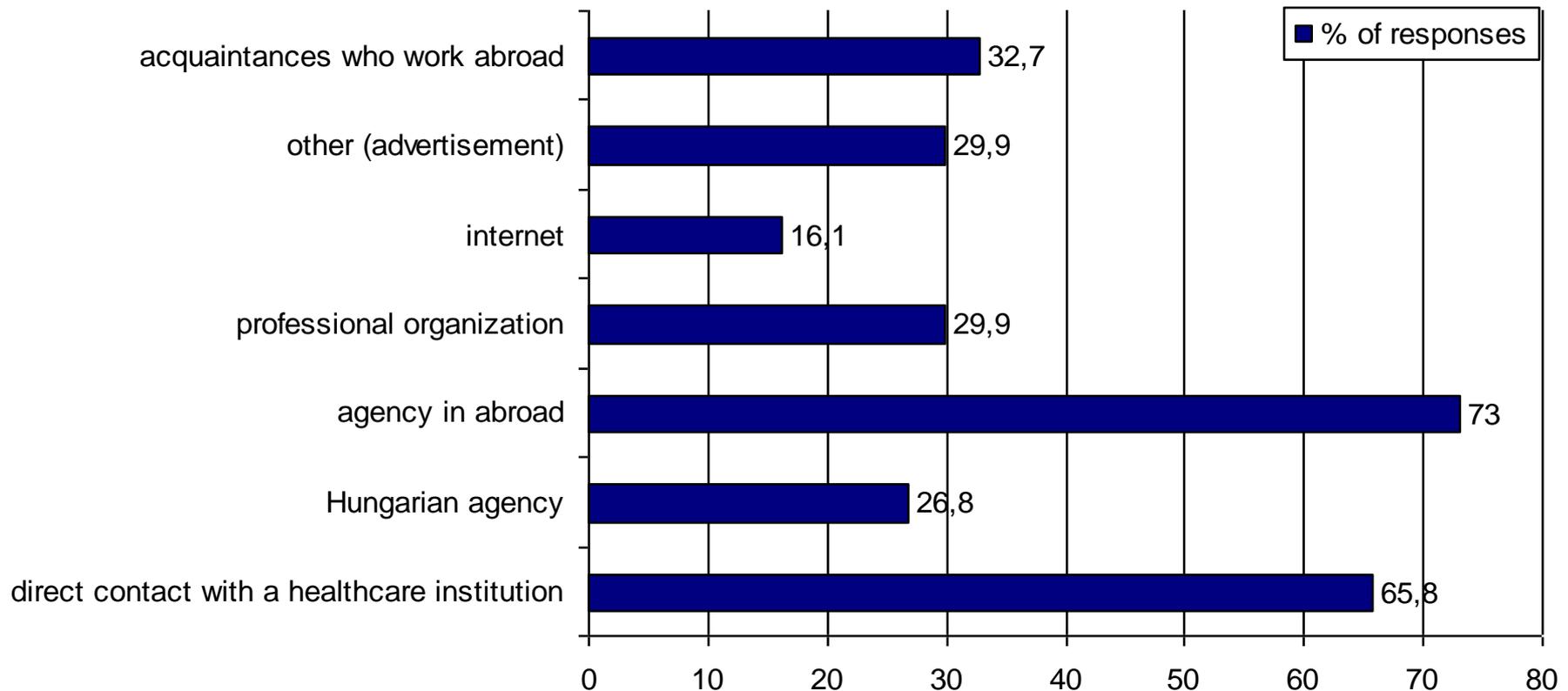
(Resident Survey, SU HSMTC, Hungary)

(n=518, medical residents 2010.)



Source of information - how residents get information about the work options abroad?

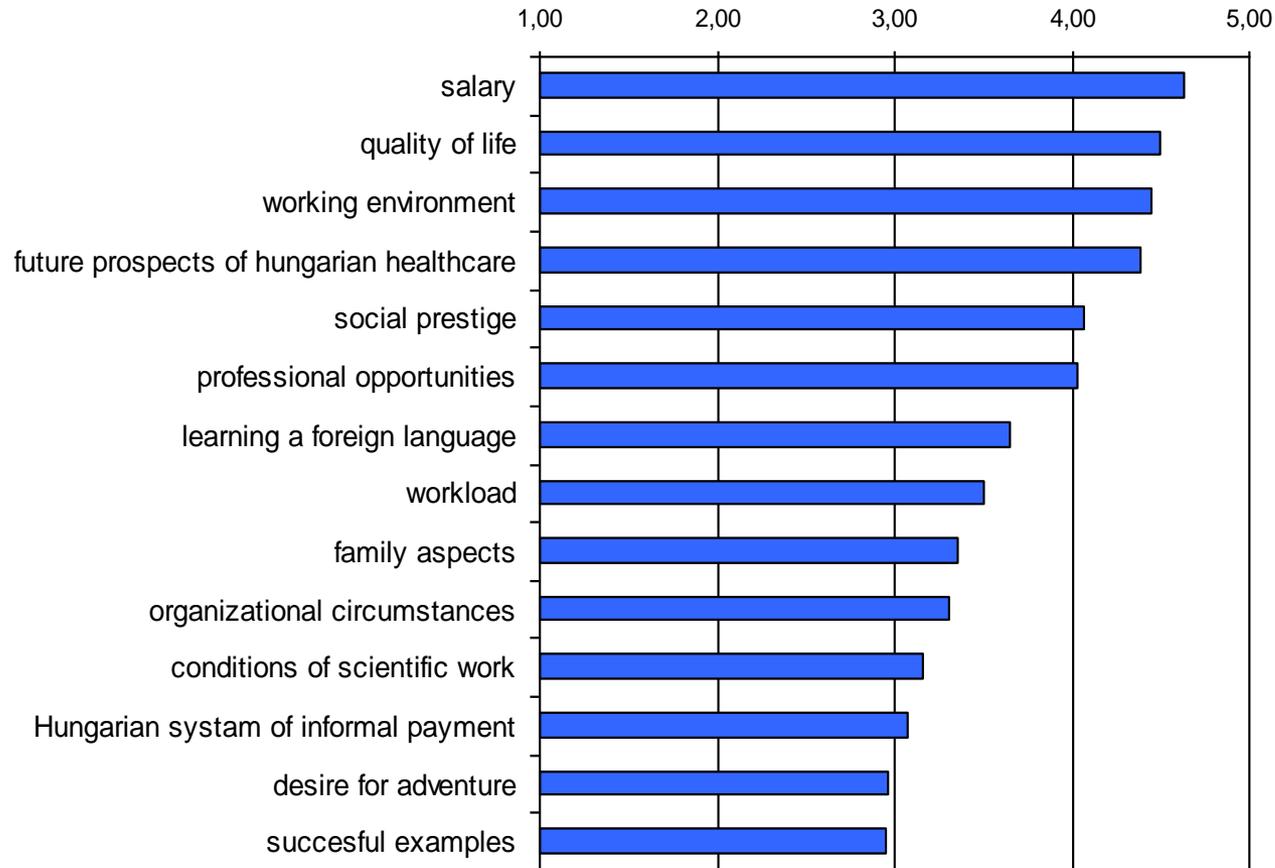
(Resident Survey, SU HSMTC, Hungary) (n = 518, multiple answers, %)



Motivations to go

(Resident Survey, SU HSMTC, Hungary)

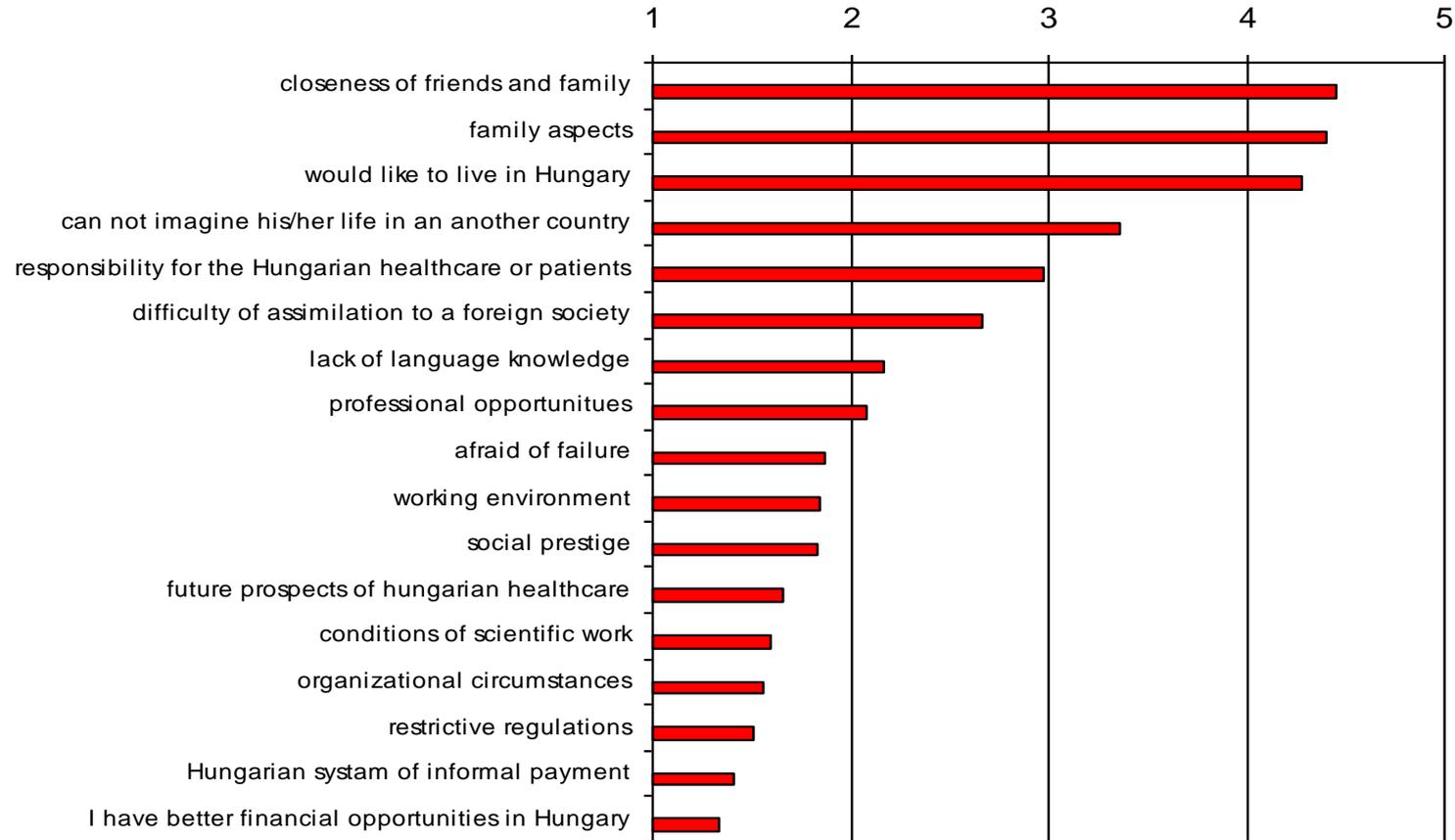
(2010 residents, n= 294, Lickert scales with 5 grades,
5 = decisive influence, 1 = no influence at all)



Motivations to stay

(Resident Survey, SU HSMTC, Hungary)

(2010 residents, n= 171, Lickert scales with 5 grades,
5 = decisive influence. 1 = no influence at all)



Inflow mobility (MDs) according to three kind of indicators (Hu)

(Office of Health Authorisation and Administrative Procedures of Ministry of Health = OHAAP)

| Year | Foreign born | Foreign trained | Foreign nationality |
|-------------|---------------------|------------------------|----------------------------|
| 2012 | 69 | 75 | 33 |
| 2011 | 43 | 52 | 25 |
| 2010 | 23 | 32 | 17 |